MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER AFTER AS FILED AFTER I*AMENDMENT **AS FILED** AFTER 2 MAMENDMENT 1" AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TATOT IND. TOTAL IND. TOTAL DEP. TOTAL

DEP.

TOTAL CLAIMS

PTO - 1360 (REV. 11/04)

- :5

TOTAL CLAIMS

U.S. DEPARTMENT of COMMERCE
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